

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 212

Registrar's No. 180

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
Miami Hotel, 809 No. Grand Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Years. (Specify whether
In this community 25 Years.
years, months or days)

3. (a) PRINT FULL NAME Henry Desmons.

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased July 28, 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 5 8 hr. min.

9. Birthplace New Hampshire.
(City, town, or county) (State or foreign country)

10. Usual occupation House Butler.

11. Industry or business

12. Name Henry Desmons.
13. Birthplace Unknown.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown.
15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Wiggs.

(b) Address 3853 Lindell Blvd.

17. (a) Burial. (b) Date thereof 1-8-42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Vernon, Ill.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JAN 7 1942 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis.
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 809 North Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th.
year 1942 hour 12:47 minute P. M.

21. I hereby certify that I attended the deceased from
_____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Yellow atrophy of
liver. Duration

Due to Yellow atrophy of
liver.

Due to 125-0-1

Other conditions 125-0-1
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature Thomas F. Callahan (M. D. or other)
Address Deputy Coroner Date signed 1/7/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Stanley Marshall

Licensed Embalmer No.

2868

P. O. Address

3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.